

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 162

Primary Registration District No. 3594

Registrar's No. 90

STATE OF MISSOURI
63-028962

FILED AUG 12 1963

1. PLACE OF DEATH

a. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Rural Meramec**

Length of stay in 1b

1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Big River Hills**

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY
OR TOWN

Florissant

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

280 St. Daniel

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

RUSSELL

Middle

C.

Last

CRECELIOUS

4. DATE
OF DEATH

Month

Aug.

Day

1963

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/27/42

9. AGE (last birthday)

20

11. UNDER 1 YEAR

Months

Days

Hours

Min.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

College

11. BIRTHPLACE (City and state or country)

Clayton, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Russell O. Crecelius

13b. MOTHER'S MAIDEN NAME

Eileen G. McCoy

14. NAME OF HUSBAND OR WIFE

Address Florissant, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Russell O. Crecelius-280 St. Daniel La.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DROWNING

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

SWIMMING ACCIDENT.

20c. TIME OF INJURY

3:30

Month, Day, Year

8/4/63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

RIVER

20f. CITY, TOWN, OR LOCATION

MERAMAC TWSP. JEFF.

COUNTY

MO.

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____.

Death occurred at **3:30** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

James C. Fagan M.D. Coroner

22b. ADDRESS

FESTUS, MISSOURI

22c. DATE SIGNED

8/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/7/63

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS MO. Florissant, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

WHITE-MULLEN MORTUARY, FERGUSON, MO.

25. DATE RECD. BY LOCAL REG.

8/7/63

26. REGISTRAR'S SIGNATURE

Ms. Jeanette Schmitt

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59
1 0500
2 4013
3
4 0
5 0
6
7 0
8 2
9 9298
10 42
11 050
12 91-3
13 40

AUG 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Rec'd
Miss St
MB